

**GRANT AMENDMENT**

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the “State”) and Windsor Hospital Corp. dba. Mt. Ascutney Hospital and Health Center (hereafter called the “Subrecipient” that the grant agreement (#03410-2230-21) on the subject of administering the Blueprint for Health program initiatives in the Windsor, Vermont Health Service Area, effective October 1, 2020, is hereby amended to be retroactively effective March 1, 2021 as follows:

- 1. By deleting Part 1-Grant Award Detail on page 1 of 38 of the base agreement and replacing it with the following Part 1- Grant Award Detail:**

STATE OF VERMONT GRANT AGREEMENT				Part 1-Grant Award Detail			
SECTION I - GENERAL GRANT INFORMATION							
<sup>1</sup> Grant #: 03410-2230-21				<sup>2</sup> Original <input type="checkbox"/>		Amendment # <input type="checkbox"/> 3	
<sup>3</sup> Grant Title: Blueprint for Windsor HSA							
<sup>4</sup> Amount Previously Awarded: \$115,610.00		<sup>5</sup> Amount Awarded This Action: \$4,009.53		<sup>6</sup> Total Award Amount: \$119,619.53			
<sup>7</sup> Award Start Date: 10/01/2020		<sup>8</sup> Award End Date: 09/30/2021		<sup>9</sup> Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<sup>10</sup> Vendor #: 41863		<sup>11</sup> Grantee Name: Windsor Hospital Corp d/b/a Mt Ascutney Hospital and Health					
<sup>12</sup> Grantee Address: 289 County Road							
<sup>13</sup> City: Windsor			<sup>14</sup> State: VT		<sup>15</sup> Zip Code: 05089		
<sup>16</sup> State Granting Agency: AHS/Department of Vermont Health Access					<sup>17</sup> Business Unit: 03410		
<sup>18</sup> Performance Measures: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<sup>19</sup> Match/In-Kind: Description:					
<sup>20</sup> If this action is an amendment, the following is amended: Amount: <input checked="" type="checkbox"/> Funding Allocation: <input type="checkbox"/> Performance Period: <input type="checkbox"/> Scope of Work: <input type="checkbox"/> Other: <input type="checkbox"/>							
SECTION II - SUBRECIPIENT AWARD INFORMATION							
<sup>21</sup> Grantee DUNS #: 069903458			<sup>22</sup> Indirect Rate: %		<sup>23</sup> FFATA: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<sup>24</sup> Grantee Fiscal Year End Month (MM format): 9			(Approved rate or de minimis 10%)		<sup>25</sup> R&D: <input type="checkbox"/>		
<sup>26</sup> DUNS Registered Name (if different than VISION Vendor Name in Box 11):							
SECTION III - FUNDING ALLOCATION							
STATE FUNDS							
Fund Type	<sup>27</sup> Awarded Previously	<sup>28</sup> Award This Action	<sup>29</sup> Cumulative Award	<sup>30</sup> Special & Other Fund Descriptions			
General Fund	\$19,547.28	\$672.34	\$20,219.62				
Special Fund			\$0.00				
Global Commitment (non-subrecipient funds)	\$34,896.77	\$1,215.37	\$36,112.14				
Other State Funds			\$0.00				
FEDERAL FUNDS (includes subrecipient Global Commitment funds)				Required Federal Award Information			
<sup>31</sup> CFDA#	<sup>32</sup> Program Title	<sup>33</sup> Awarded Previously	<sup>34</sup> Award This Action	<sup>35</sup> Cumulative Award	<sup>36</sup> FAIN	<sup>37</sup> Fed Award Date	<sup>38</sup> Total Federal Award
93.778	Medicaid Assistance Program	\$19,547.29	\$672.34	\$20,219.63			
<sup>39</sup> Federal Awarding Agency:		<sup>40</sup> Federal Award Project Descr:					
93.778	Medicaid Assistance Program - Global Commitment (sub-recipient funds)	\$41,618.66	\$1,449.48	\$43,068.14			
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
			\$0.00				
Federal Awarding Agency:		Federal Award Project Descr:					
Total Awarded - All Funds		\$115,610.00	\$4,009.53	\$119,619.53			
SECTION IV - CONTACT INFORMATION							
<sup>41</sup> STATE GRANTING AGENCY				<sup>42</sup> GRANTEE			
NAME: Mara Krause Donohue				NAME: Joseph Perras			
TITLE: Project Administrator				TITLE: CEO			
PHONE: (802) 798-2471				PHONE: (802) 674-6711			
EMAIL: Mara.Donohue@vermont.gov				EMAIL: Joeseeph.Perras@MAHHC.org			

**2. By deleting the Budget Table in Attachment B, Payment Provisions Section 18, and replacing it with the following:**

**18. Approved Budget for the Grant Term:**

October 1, 2020 – September 30, 2021

Budget Category	Amount
Program Management	\$100,000.00
Self-Management Regional Coordination	\$9,619.53
Travel, Training, and Other Expenses	\$10,000.00
<b>Total</b>	<b>\$119,619.53</b>

The Subrecipient may request, in writing, approval by the State to reallocate funds across budget categories if necessary, to accomplish grant deliverables. The Subrecipient may also request, in writing, approval by the State to carry forward funds across quarterly periods if necessary, to accomplish grant deliverables.

Taxes Due to the State. Subrecipient further certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, Subrecipient is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Subrecipient is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment Subrecipient certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, neither Subrecipient nor Subrecipient's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Subrecipient further certifies under pains and penalties of perjury that, as of the date that this grant amendment is signed, Subrecipient is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing-contracting/debarment>.

This document consists of 3 pages. Except as modified by this Amendment No. 3, all provisions of the Grant remain in full force and effect.

**THE SIGNATURES OF THE UNDERSIGNED INDICATE THAT EACH HAS READ AND AGREES TO BE BOUND BY THIS AMENDMENT TO THE GRANT.**

**BY THE STATE OF VERMONT:**

E-SIGNED by Sandi Hoffman  
on 2021-06-09 12:19:31 GMT June 09, 2021

SANDI HOFFMAN  
AHS/DVHA  
NOB 1 SOUTH, 280 STATE DRIVE  
WATERBURY, VT 05671  
EMAIL: SANDI.HOFFMAN@VERMONT.GOV

DATE

**BY THE SUBRECIPIENT:**

E-SIGNED by Joseph Perras  
on 2021-06-09 12:12:33 GMT June 09, 2021

JOSEPH PERRAS, CEO  
WINDSOR HOSPITAL CORP  
289 COUNTY ROAD  
WINDSOR, VT 05089  
EMAIL: JOSEPH.PERRAS@MAHHC.ORG

DATE